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FORM			First Named Inventor	Ando, H.Y. et al				
(to be used for a	all correspondence after initial	filing)	Art Unit					
			Examiner Name					
Total Number of F	Pages in This Submission		Attorney Docket Number	5953-01-AJL				
		ENCI	LOSURES (Check all that	apply)				
Amendmen Aft Aff Extension Express A Information Certified C Document Response Incomplete	rer Final ridavits/declaration(s) of Time Request bandonment Request n Disclosure Statement copy of Priority		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addre Terminal Disclaimer Request for Refund CD, Number of CD(s)	ess Return I	o a Techn ppeal Co f Appeals ppeal C Appeal Not roprietary tatus Lett ther Encl lentify bel Post care	osure(s) (please low):		
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	Andrew J. Leon							
or Individual		1						
Signature	(lides . +	lee						
Date	May 13, 2008							
	C	ERTIFIC	ATE OF TRANSMISSION	/MAILING				
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Typed or printed	Diane L. Hetzler							
Signature	Un	mi:	LKY	Date May 13, 2003				

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,	PATENT A	PPLICATIO	N FEE DI	ETERI	MINATI	ON RECORI)	Αŗ	oplication or		et Number 01-AJL	
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY			OR	OR SMALL ENTITY		
FOR		NUMBI	NUMBER FILED		NUMBER EXTRA		RA'	ГЕ	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))							\$	OR		\$		
TOTAL CLAIMS (37 CFR 1.16(c))		51	51 minus 20 =		* 31		x \$	=		OR	x \$18.00=	\$558.00
INDEPENDENT CLAIMS (37 CFR 1.16(b))		AIMS 2:	23 minus 3 =		* 20		x			OR	x 84.00 =	\$1,680.0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.1(d))				i))		+	_=		OR	+ 260.00 =		
⊧ If the	e difference in colur	nn 1 is less then zero, e	nter "0" in colum	nn 2			тот	AL		OR	TOTAL	\$2,238.0
		CLAIM (Column 1)	IS AS AME		- PART I	(Column 3)	SMA	LL E	ENTITY	OR	OTHER T	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	GHEST IMBER IOUSLY ID FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total (37 CFR 1.16(e))	* 93	Minus	**	51	= 42	x \$	=		OR	x \$ <u>18.00</u> =	\$756.00
ME	Independent (37 CFR 1.16(b))	* 44	Minus	***	23	= 21	x	_ =		OR OR	x <u>84.00</u> =	\$1,764.0
4	FIRST PRES	SENTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM	(37 CFR 1.16(d))	+	=		OR	+ 260.00 =	
		(Column 1)		(Co	lumn 2)	(Column 3)	TOT ADDIT. F			OR _A	TOTAL DDIT. FEE	\$2,520.0
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	GHEST JMBER JOUSLY ID FOR	PRESENT EXTRA	RA?	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**		=	x \$	_=		OR	$x \$ \frac{18.00}{} =$	\$0.00
	Independent (37 CFR 1.16(b))	*	Minus	***		=	x	_=		OR OR	x <u>84.00</u> =	\$0.00
₹	FIRST PRES	SENTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM	(37 CFR 1.16(d))	1 +	_=		OR	+ 260.00 =	
		(Column 1)		(Co	lumn 2)	(Column 3)	TO ADDIT.	TAL FEE		OR _A	TOTAL DDIT. FEE	\$0.00
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NL PREV	CHEST UMBER VIOUSLY ID FOR	PRESENT EXTRA	RA	ГЕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**		=	x \$	_=		OR	x \$ <u>18.00</u> =	\$0.00
	Independent (37 CFR 1.16(b))	*	Minus	***		=	x	_=		OR OR	x <u>84.00</u> =	\$0.00
	FIRST PRES	SENTATION OF M	ULTIPLE DEI	PENDEN	IT CLAIM	(37 CFR 1.16(d))	+	_=		OR	+ 260.00 =	
	Cal.	mn 1 is less than the				2	TC ADDIT.	TAL		OR	TOTAL ADDIT. FEE	\$0.00

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.